Strategic Plan

for

A Tobacco-Free Arizona

Prepared and Submitted by:

Arizona Department of Health Services
Bureau of Tobacco Education and Prevention

April, 2008

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FORWARD

In an era of entrenched and disquieted tobacco users*, created in large part by successful efforts to raise tobacco taxes and prohibit the use of commercial tobacco in public places, and in which further reduction in tobacco use can not be achieved by expecting past successes to continue…….. a new way of doing business is called for!

To respond to this call, the Arizona Department of Health Services Bureau of Tobacco Education and Prevention (ADHS-BTEP) began its strategic planning process in August of 2007. This strategic planning process aimed to create a model that focused on effective tobacco control which would engage stakeholders at the local, state and national levels. As such it was critical to ensure that the process was both transparent and participatory, and included input and involvement from the full diversity of populations and regions across Arizona.

The process included a wide range of input, including 34 community forums, 32 focus groups, the TRUST Commission, an extensive review of the literature (including new "best practice" reports from the CDC and the Institute on Medicine), and discussions with key national partners, including other state tobacco control programs, and the American Legacy Foundation. A Strategic Plan Work Group, comprised of thirty Arizonans that included a wide range of researchers, healthcare professionals, advocates, experts from the public and private sectors, and local leaders met throughout the planning process to provide direction and oversight during the process.

Arizona is a land of great diversity. From the highly-urbanized atmosphere of Phoenix, the fifth largest city in the U.S., to the many rural and multi-cultural landscapes afforded by the U.S.-Mexico border and a rich heritage of Native American residents in both the urban areas and twenty-two sovereign nations, Arizona is land of unique opportunity and challenge.

Eight major goals were identified through the strategic planning process which will contribute to building an integrated network of individuals, organizations and communities to reduce the impact of commercial tobacco abuse in Arizona:

- Reduce Initiation of Tobacco Use among Youth
- Eliminate Exposure to Secondhand Smoke
- Promote Smoking Cessation among Youth and Adults and Help Smokers Quit
- Identify and Eliminate Tobacco Related Disparities in Specific Population Groups
- Assist in the Prevention and Early Detection of Four Leading Tobacco-Related Causes of Death in Arizona
- Develop and Implement a Comprehensive Tobacco Control Plan
- Conduct Surveillance and Evaluation
- Advance Policies that Reduce the Impact of Commercial Tobacco Use

In the summer of 2007, the Bureau of Tobacco Education & Prevention announced that "change is in the air" and that "no stone would go unturned." For nine intensive months, staff were fully engaged on an exciting campaign to engage stakeholders at the state and local levels, and worked tirelessly to restore hope and energy across Arizona through the creation of an effective tobacco control model. There were many individuals and organizations who supported this endeavor, and they are listed at the end of this document. However, there are some outstanding contributions that warrant a special recognition, including: Susan Gerard, Director of the ADHS; Jeanette Shea-Ramirez, Assistant Director of Public Health Services at ADHS; members of the Tobacco Revenue, Use, Spending and Tracking (TRUST) Commission: the BTEP staff and Leadership Team; Dave Nakashima, our strategic planning facilitator; members of the Strategic Plan Workgroup; our community forum facilitators at On-the-Mark, Inc.; our focus group facilitators at Riester; and the many partners and stakeholders across Arizona who helped plan and participate in the forums, focus groups, and statewide meetings that were key to the planning process. This strategic plan would have been impossible without their help.

Finally, it is important to note that the timing of a new **Strategic Plan for A Tobacco-Free Arizona** is ideal! Indeed, it challenges us all to design and implement major shifts in thinking and doing, and a process in which "no stone goes unturned" creates understandable resistance within a broad-based network of service delivery and advocacy. But through the deployment of a community-based participatory process, combined with an evidence-based approach and the recent release of publications detailing the CDC Best Practices and Institute of Medicine (IOM) recommendations for tobacco programs, a statewide network of people and programs committed to a tobacco-free Arizona are now positioned to propel Arizona back into the national spotlight as a model for tobacco prevention and control.

Wayne Tormala, Bureau Chief
Bureau of Tobacco Education & Prevention
Arizona Department of Health Services

April, 2008

***** The term "tobacco users" is used in this context to refer to the smoking and or chewing of all forms of commercial tobacco (e.g. cigarettes, cigars, pipes, chew tobacco, etc.).

Arizona Department of Health Services
Bureau of Tobacco Education and Prevention

Vision

Arizona is free of commercial tobacco abuse.

Mission

Working together to build individual, organizational and community capacities to reduce the impact of commercial tobacco abuse.

The Consequences of Tobacco Use in Arizona: A Brief Overview

Health Burden

Smoking is the leading cause of preventable disease and death in the state of Arizona. Nationwide, smoking contributes to an estimated 1 out of 5 deaths per year.[1]

From 1997-2001, an average of 6,000 Arizona residents died each year from tobacco related causes.

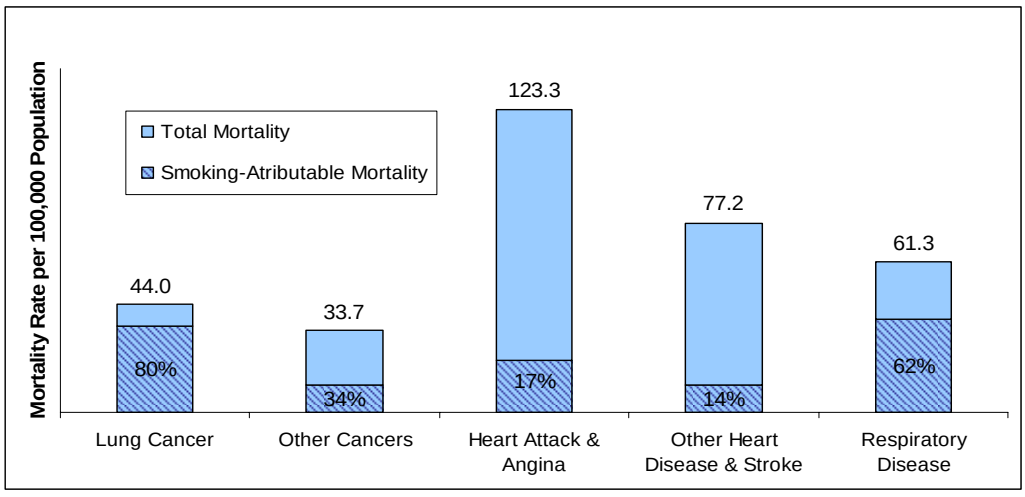
Smoking causes damage to nearly every organ in the human body. In 1964, the U.S. Surgeon General, Dr. Luther L. Terry, first reported that smoking causes cancer. Since then, many other illnesses, including heart disease, have been attributed to smoking.

According to the 2004 Surgeon General's Report, *The Health Consequences of Smoking*, smoking is implicated in the development of specific cancers in the lung, cervix, oral cavity, pharynx (throat), esophagus and bladder. Other health related complications associated with smoking include aortic aneurysms, leukemia, cataracts, pneumonia, and gum disease.

In Arizona, about 80 percent of mortality related to lung cancer is estimated to be due to smoking, as are nearly 60 percent of respiratory disease mortality cases, including chronic obstructive pulmonary disease (COPD) and pneumonia.

The health of non-smokers is affected as well. Of the total number of tobacco related deaths in the United States, an estimated 50,000 deaths are attributable to involuntary exposure to secondhand smoke. Breathing secondhand smoke is associated with heart disease, lung cancer, and sudden infant death syndrome (SIDS).

Figure: Smoking-attributable mortality as a proportion of total mortality



Data Sources: SAMMEC model; BRFSS, 2006; Arizona Department of Health Services, 2006

Economic Burden

Several different authors and organizations have made estimates of the economic impact of smoking. One of the most detailed and rigorous estimates was generated by Sloan, Ostermann, and Picone and presented in their 2004 book *The Price of Smoking*. These estimates were based on national data and were presented in terms of the lifetime costs for a 24-year-old smoker (male and female) and costs per pack. In addition to calculating more categories of costs, Sloan et al go beyond almost all other cost of smoking estimates in that they measure the various costs as that of the difference between a typical smoker and a "non-smoking smoker." A non-smoking smoker is defined as an individual whose characteristics are as close to that of a smoker as the data would allow, but who did not smoke. This distinction is important because of the myriad of other health factors that are correlated with smoking (e.g., education level), but that will not necessarily change just because a smoker quits smoking.

The table below shows Sloan et al's estimate of the total cost of smoking over the lifetime of a 24-year-old female or male smoker in year 2000 dollars. As can be seen, the total cost per smoker over a lifetime is about $100,000 for a female smoker, and about $220,000 for a male smoker. However, of these amounts approximately 80% are costs incurred by the smokers themselves and the rest is borne by society as a whole. Of the costs borne by society the largest component in this analysis is that caused by secondhand smoke. The last column contains estimates of these costs per pack, based upon a typical smoker's consumption pattern over time. The total cost of smoking is estimated to be almost $40 per pack with about $7.50 of this being costs incurred by society as a whole.

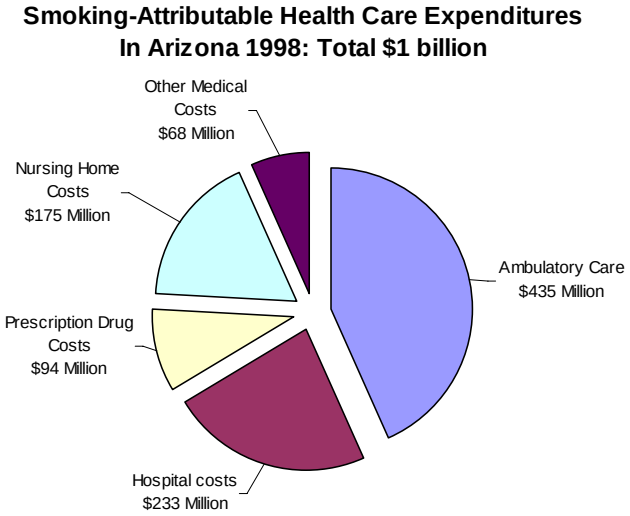
Similarly, the use of commercial tobacco in Arizona results in significant financial expenditures, as smokers typically utilize more medical care than nonsmokers, and smokers are more likely to be absent from work as a result of smoking-related illness.

According the Campaign for Tobacco-Free Kids:

- the estimated smoking-attributable cost for medical care in Arizona is $1.2 billion annually;
- the estimated cost of lost productivity due to smoking-related disability in Arizona exceeds $1.4 million per year; and
- in the United States, annual healthcare expenditures solely from secondhand smoke exposure total $4.98 billion.[2]

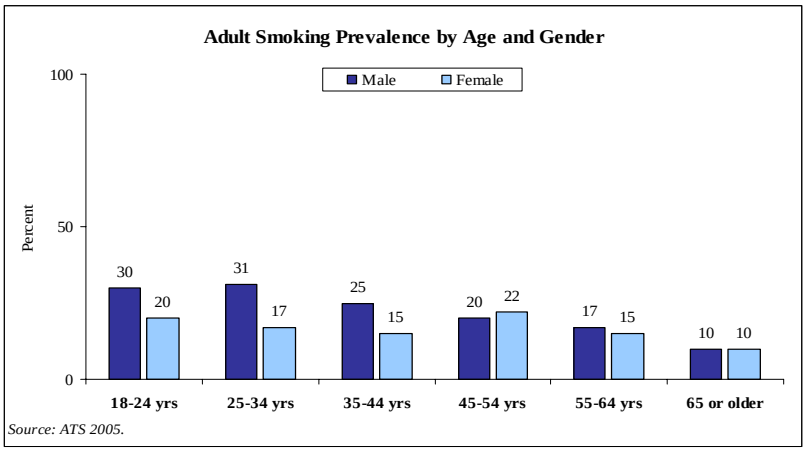
Table: Cost of smoking estimated by Sloan, Ostermann, and Picone (2004)

	Cost per smoker		
	Female	Male	Cost per pack
Costs paid by the smoker			
Cost of cigarettes	$ 13,033	$ 13,570	$ 3.12
Mortality cost - smoker	$ 52,385	$ 113,923	$ 20.28
Disability cost - smoker	$ 19,353	$ 11,032	$ 3.44
Lost earnings - smoker	$ 631	$ 38,566	$ 5.10
Medical care costs - paid by smoker	$ 951	$ 1,110	$ 0.24
Subtotal	$ 86,353	$ 178,201	$ 32.18
Costs not paid by the smoker			
Medical care cost - not borne by smoker	$ 2,806	$ 1,501	$ 0.49
Work loss (sick leave)	$ 2,658	$ 3,747	$ 0.76
productivity losses	$ 984	$ 1,024	$ 0.24
Secondhand smoke costs	$ 16,290	$ 31,010	$ 5.73
Subtotal	$ 22,738	$ 37,282	$ 7.22
Costs to federal and state revenue streams (negative numbers are increases in revenues due to smoking)			
Income taxes on earnings	$ 126	$ 7,713	$ 1.02
Federal excise taxes	$ (1,489)	$ (1,550)	$ (0.36)
State excise taxes	$ (1,678)	$ (1,748)	$ (0.40)
Subtotal	$ (3,041)	$ 4,415	$ 0.26
Total costs of smoking	$ 106,050	$ 219,898	$ 39.66



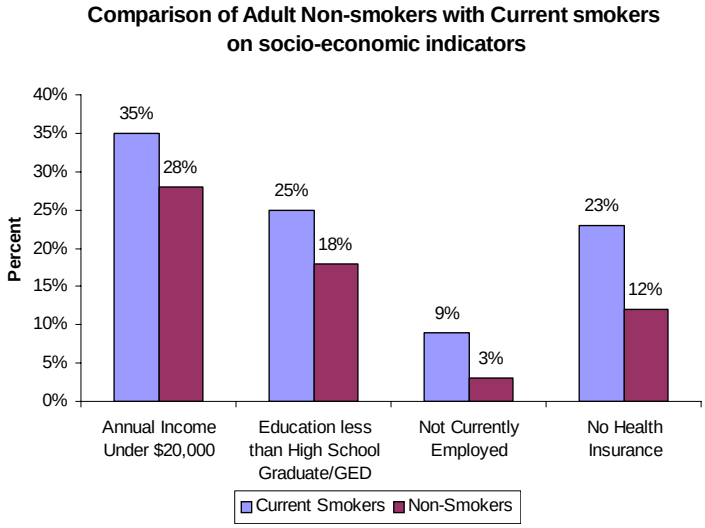
Who Smokes?

In 2005, nearly 1 in 5 Arizona adults, about 838,000 people, reported being smokers. Currently, an estimated 4 percent of men and 1 percent of women use smokeless tobacco (chew). [1] Men report slightly higher rates of smoking than women, and women's rates appear to be decreasing. The difference is higher in young adults because of the particularly high prevalence of smoking among young men.[1]



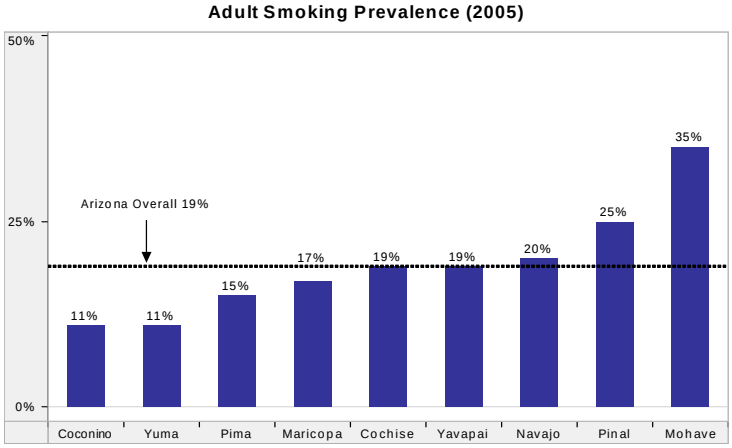
Tobacco use is more prevalent among low socioeconomic status groups. These tobacco users may be generally described as:

- Adults 25 years and older with less than a high school education.
- Adults with annual incomes of less than $20,000.
- Adults with no health insurance coverage.
- Adults who are not employed. [1]

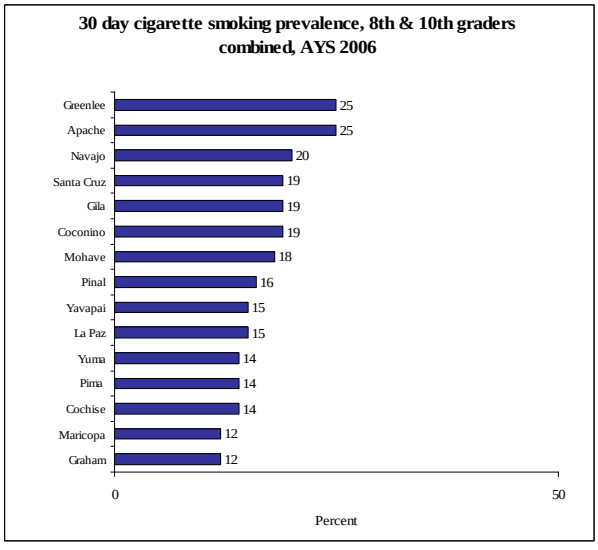


Smoking rates vary among the fifteen counties within Arizona. Mohave County demonstrates the highest adult smoking prevalence rate within the state. Low respondent

numbers with state surveillance instruments make it difficult to generate a firm estimate of prevalence rates at the county level, particularly in Apache, Gila, Graham, Greenlee, La Paz, and Santa Cruz counties. [1]



Among youth in Arizona, Apache and Greenlee counties have the highest prevalence of smokers in 8th, 10th and 12th grade combined. It is important to keep in mind that these estimates are based on in-school youth, and that they likely underestimate the full extent of youth smoking, especially in those counties where drop-out rates are highest.[4]

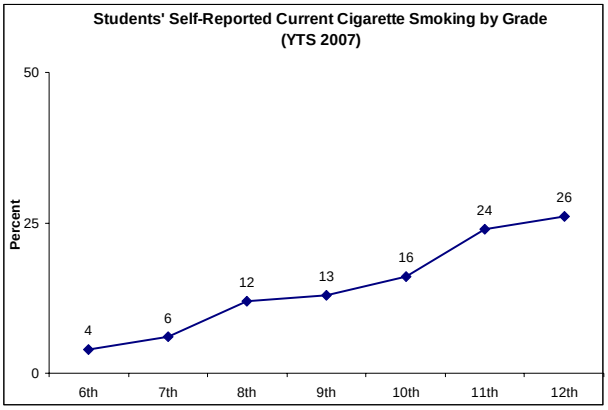


Each day in the United States, approximately 3,900 youth aged 12-17 try their first cigarette, and each day another 1,500 youth under 18 years of age become regular, daily smokers equating to 545,000 new underage smokers each year. Of those, approximately one in three will eventually die from a tobacco-related illness.[5-8] In 2005, 8 percent of Arizona middle school students (grades 6-8) and 20 percent of Arizona high school students reported having used cigarettes. [4]

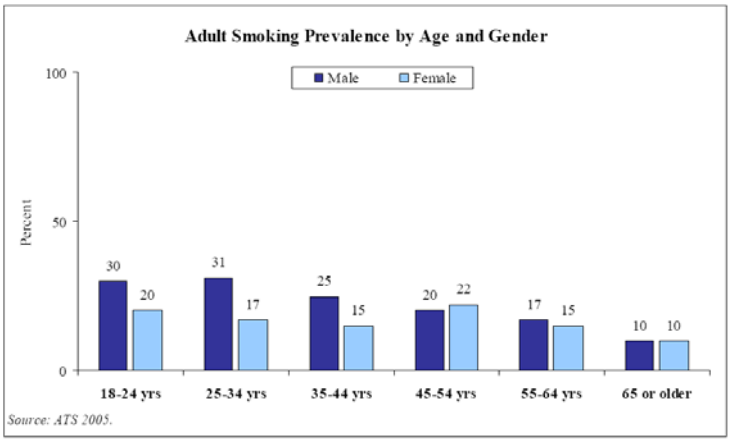
Why Do People Start Smoking?

Youth smoking increases steadily with age, and the proportion of young adults who smoke remains higher than older adults who smoke. There are a number of factors that influence a young person's decision to use tobacco, including peer pressure, home-life, and individual stressors such as depression and anxiety.

According to the Youth Tobacco Survey 2005, the percent of Arizona youth that are current cigarette smokers increases as grade level increases.



More young adults (ages 18-24) smoke in Arizona than those over 24 years of age. [4]



Aggressive efforts are in place to target young people with tobacco advertising. The tobacco industry spends approximately $11.2 billion a year in the United States in marketing and promotion, a significant portion of which is directed toward youth. The content of such advertisements, oftentimes portraying glamour, independence, and sex appeal, is particularly popular among teens. Furthermore, new products developed by the tobacco industry appeal to young people, for example, mini-cigars and flavored chew tobacco.

Why Do People Continue to Smoke?

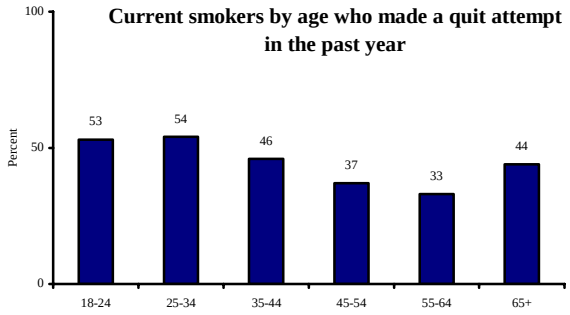
Biological, psychological, and socio-cultural factors contribute to tobacco dependence.

Research indicates that the addictive nature of nicotine in tobacco products contributes to dependence. Once smokers are used to nicotine, its effects tend to be calming and relaxing. Cigarettes, in particular, are designed to deliver nicotine rapidly and in concentrated amounts to the brain, typically impacting essential brain structures associated with feelings of reward and arousal. Such changes in brain structure persist long after a person stops using tobacco. Withdrawal symptoms appear within hours of the last use of tobacco, are generally most severe within the first two weeks, and may recur in the form of cravings for months are even years. [8]

Additional research suggests that the addictive power of nicotine may strengthen learned behaviors that form tobacco-use patterns and make users more resistant to change. Lighting up or dipping becomes an automatic behavior often combined with daily activities such as drinking coffee, talking on the phone, or driving an automobile. Tobacco is also used largely as a coping mechanism to self-medicate underlying emotional issues. People use tobacco to handle stress or when they feel lonely, bored, happy, or angry. [8]

Tobacco use also plays an important societal role. It is often a means to identify with a group, and becomes a regular part of societal activities or cultural practices. [8]

Almost half of all current smokers in Arizona, or approximately 380,000 individuals, reported that they tried to quit in the past year. Currently, only about one percent of all adult smokers in Arizona who want to quit tobacco use ADHS-BTEP services to assist them in doing so. [1]



Many tobacco treatment options are available. Such treatments include nicotine replacement therapy (nicotine patch, gum, and lozenge), prescription medications (Bupropion and Varenicline), telephone-based cessation services, and in-person classes and support groups. Smokers who use one or more of the available quitting techniques are more than twice as likely to quit smoking when compared to those who try to quit without assistance ("cold-turkey").

Tobacco Control in Arizona: A Brief History

In 1994, Arizona voters passed the Tobacco Tax and Health Care Act (Proposition 200), which increased the state sales tax on tobacco products to fund several programs: health care for the medically needy, medically indigent, and low income children; tobacco education and prevention; and, tobacco-related research. The Tobacco Education and Prevention Program was established in 1995, funded by 23 percent of the tax revenue. In 2002, Arizona voters passed Proposition 303, which increased the state tax on cigarettes by 60 cents per pack and taxed other tobacco products. In addition to funding a number of programs such as emergency health services, this proposition established that tobacco tax monies would be voter protected. Two percent of this tax was set aside for a chronic disease fund which is administered by the Arizona Department of Health Services, Bureau of Tobacco Education and Prevention (ADHS-BTEP).

Propositions 200 and 303 charged ADHS-BTEP with implementing programs for the prevention and reduction of tobacco use among the general population and among minors and culturally diverse populations. ADHS-BTEP responded by establishing a comprehensive tobacco control program, which included the highly successful launch of a public education campaign, known as the "Tumor Causing, Teeth Staining, Smelly, Puking Habit" campaign, in January of 1995. This campaign, geared primarily at youth, generated a flurry of statewide and national news coverage.

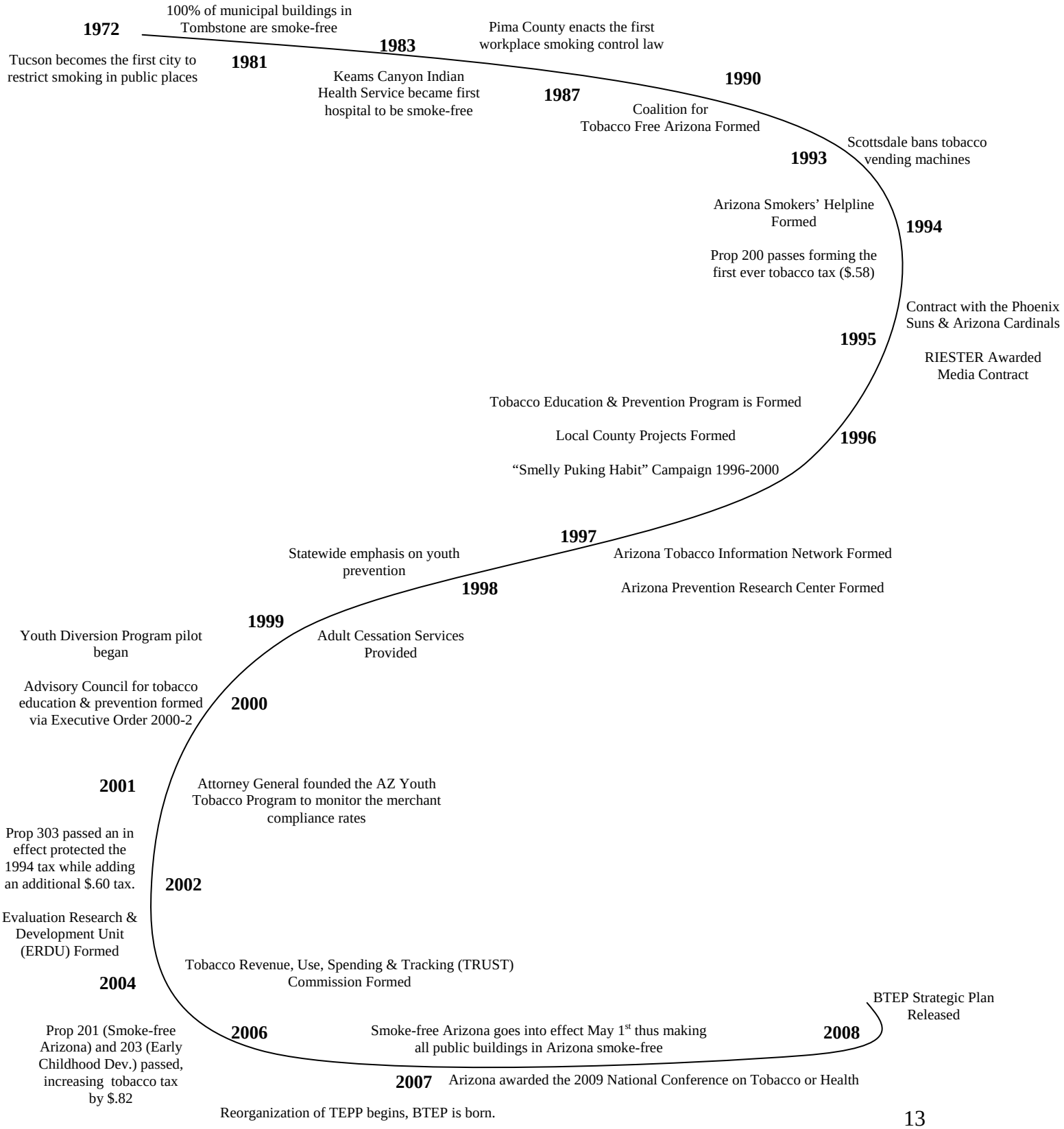
In November 2006, Arizona voters approved the Smoke-Free Arizona Act, which took affect May 1, 2007. This act bans smoking in all indoor public buildings with the exception of retail tobacco stores, veteran and fraternal clubs, designated smoking hotel rooms, and outdoor patios. The Arizona Department of Health Services, Office of Environmental Health is responsible for monitoring compliance with the law.

Since its inception, ADHS-BTEP has supported efforts to:

- Provide school-based education to youth.
- Inform the general public, youth and adult smokers about the dangers of tobacco through statewide media campaigns.
- Provide in person and telephone-based cessation programming to individuals interested in quitting tobacco.
- Enforce state regulations preventing the sale of tobacco products to minors.
- Establish and maintain local tobacco programs in every county in Arizona.
- Advance policy initiatives aimed at reducing exposure to secondhand smoke.
- Collect, analyze and evaluate data pertaining to the efficacy of state tobacco control programs as well as data regarding the prevalence of tobacco use among various populations in Arizona.

From 1994 to 2006, prevalence rates among adults declined from 24 per cent to 18 per cent. ADHS-BTEP looks forward to continuing this trend over the course of the next five years as it implements its new strategic plan and engages a wide range of community partners who share the program's commitment to reducing the impact of commercial tobacco throughout the state.

Tobacco Control in Arizona
Major Events of the Past 35 Years



Moving Forward: Developing a Strategic Plan

In August 2007, the Arizona Department of Health Services, Bureau of Tobacco Education and Prevention (ADHS-BTEP) embarked upon a strategic planning process aimed at creating a national model of effective tobacco control by engaging stakeholders at the local, state and national levels.

In addition to convening a strategic plan workgroup composed of more than twenty five stakeholders representing a diverse spectrum of interests, ADHS-BTEP conducted 34 community forums in every area of the state and across a range of diverse populations (e.g. monolingual Spanish-speaking, Native Americans, African-Americans, Asian-Pacific Islanders, members of the lesbian, gay, bisexual, and trans-gendered communities, urban, rural), 32 focus groups with adult smokers and children of tobacco-using families, and a statewide on-line survey over the course of a four month period in an effort to obtain input on the state's tobacco control priorities. In total, over 1,000 people participated in these venues.

In addition to the information gathered at the community forums, the forums served a multi-tiered purpose as they improved the capacity of ADHS-BTEP to engage community-based individuals and groups, helped cultivate new partners and a sense of shared vision and mission, and demonstrated a fresh commitment by the state to use a more collaborative approach tobacco control.

Besides the community forums, focus groups, and on-line survey, it is important to note that several other sources were used to inform the planning process, including: a review of "best practices" as found in the literature, evidence-based practices as reported the Evaluation, Research, and Development Unit of the University of Arizona, CDC's "*Best Practices for Comprehensive Tobacco Control Programs,"* the Institute of Medicine's "*Ending the Tobacco Problem – A Blueprint for the Nation,"* consultation with other state tobacco control programs, and information obtained in discussion with the Tobacco Revenue, Use, Spending and Tracking (TRUST) Commission and periodic meetings with the Governor's Office.

At the core of our deliberations, we were guided by two major calls-to-action provided at the 2007 National Conference on Tobacco or Health (NCTOH) in October, 2007. The key guiding principle was found in the Institute of Medicine's proclamation: **"Enduring reductions in tobacco use can NOT be achieved by simply expecting past successes to continue!"** The beacon for seeking to new program areas was provided by Dr. Matt McKenna, CDC/OSH Director, in highlighting several components of the CDC's "Best Practices" publication that paralleled information we obtained in our community forums, focus groups, and work group discussions. In brief, Dr. McKenna called on tobacco control networks to:

- shift from individual to community-based practices;
- increase the reliance on trusted messengers;
- develop innovative technologies;

- emphasize evidence-based cessation programs such as quitlines and nicotine replacement and pharmacotherapies;
- develop localized, sustainable tobacco control networks;
- employ culturally appropriate and high-impact messages that are adequately funded;
- use web and other merging technologies in marketing practices;
- develop strong administrative leadership and skilled staff, while seeking to secure substantial funding levels.

Between August, 2007, and January, 2008, the Strategic Plan Work Group met a total of five times to discuss the development of the new ADHS-BTEP plan. In addition to drafting a vision and mission for ADHS-BTEP, the workgroup reviewed relevant data, information on best practices and the input provided by community members, and used the information to begin defining goals and objectives for the ADHS-BTEP strategic plan.

Ultimately, the strategic plan workgroup assisted ADHS-BTEP in not only laying the groundwork for the development of plan goals and objectives, but also established an approach to service provision that will function as a foundation for the program as it implements its new plan. The approach focuses on three basic elements of service provision: capacity building, community competence and collaboration. Additionally, the workgroup demanded that the program build a model of service provision that is evidence-based, rooted in a solid organizational infrastructure, seeks to strengthen the field of practice, and has an established policy agenda.

Upon careful consideration of the data and the recommendations of the strategic plan workgroup, ADHS-BTEP's new strategic plan was completed in January, 2008, and included goals in the following areas: prevention, limiting exposure to secondhand smoke, cessation, mitigating tobacco-related disparities, chronic disease, developing a comprehensive communications plan, implementing surveillance and evaluation activities, and developing and promoting effective public policy.

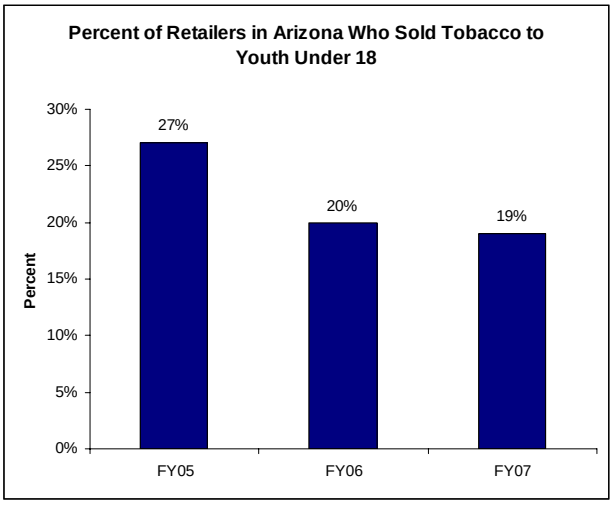
Goal #1: Reduce Initiation of Tobacco Use among Youth

The Facts

- In the United States, each day approximately 1,500 young people become regular daily smokers. [6]
- In Arizona, over one-third of middle school students (31 percent) and over half of high school students (61 percent) reported ever trying some form of tobacco in their lifetime.
- Cigarette use among middle school students has decreased from 11 percent in 2000 to 7 percent in 2007. Among Arizona's high school students, the rate of cigarette use has remained relatively stable from 2003 to 2007 (about 19 percent).
- Among current smokers who reported buying cigarettes in a store during the past 30 days, 78 percent of middle school students and 68 percent of high school students under the age of 18 reported they were not asked to show proof of age.

Where We Are Now

- The Office of Attorney General – Tobacco Enforcement Unit is responsible for monitoring compliance and enforcing the Arizona State Statute (A.S.R. §13-3622) that prohibits the sale of tobacco products to those under 18 years of age. ADHS-BTEP funds the Office of the Attorney General to conduct compliance checks for all fifteen counties within the state.
- Local projects, headed by county health departments, utilize health educators to provide brief and intensive tobacco prevention programming to area schools for students in grades K – 12. These services are designed to educate students on the effects of tobacco use and secondhand smoke, and to equip them with the refusal skills and developmental tools needed to prevent the initiation of tobacco use.



Moving Forward

The following objectives have been established to reduce the initiation of tobacco use among youth:

Objective 1: Increase youth knowledge about the harmful effects of tobacco and prevent youth initiation of tobacco use by implementing standardized, evidence-based curricula in selected Arizona schools and other venues.

Objective 2: Pursue licensure of all Arizona retail tobacco outlets.

Objective 3: Enforce youth access laws and regulations pertaining to tobacco use throughout the state of Arizona and on tribal lands within Arizona by working closely with local leaders and law enforcement officials.

Objective 4: Implement a counter-marketing campaign aimed at youth to increase their knowledge and reduce the initiation of tobacco use, utilizing traditional means (e.g. television, radio) as well as available and innovative media and technologies favored by youth such as text messaging, music, websites, etc.

Objective 5: Advance the ideal of shared accountability for reducing youth access to tobacco products and exposure to secondhand smoke by emphasizing the involvement and investment of family members and peers in efforts to create a tobacco free future for Arizona's young people.

Goal #2: Reduce Exposure to Secondhand Smoke

The Facts

- Four thousand (4,000) chemical compounds have been identified in secondhand smoke, 200 of which are poisons and more than 50 of which cause cancer.[8]
- Smoke-filled rooms have up to six times the air pollution as that of a busy highway.[8] Secondhand smoke will stay in an enclosed environment for approximately two weeks before the air is officially clean. [8]
- In the United States, annual healthcare expenditures solely from secondhand smoke exposure total $4.98 billion.
- Sixty percent of children aged three through 11 years are exposed to secondhand smoke. By age five, children who live in homes without smoking bans have inhaled the equivalent of 102 packs of cigarettes. [8]
- In the United States, annual healthcare expenditures solely from secondhand smoke exposure total $4.98 billion. [8] Sixty percent (60 percent) of children aged 3 through 11 years are exposed to secondhand smoke. By age 5, each of these children will have inhaled the equivalent of 102 packs of cigarettes. [8]
- More than 50,000 deaths result annually from exposure to secondhand smoke, including:
  - 3,400 (a range of 3,423 to 8,866) from lung cancer
  - 46,000 (a range of 22,700 to 69,000) from cardiac-related illnesses
  - 430 from sudden infant death syndrome (SIDS) [8]
- In 2005, approximately 25 percent of Arizona adults indicated they had been exposed to secondhand smoke in their homes or cars in the week before they took the Arizona Adult Tobacco Survey. [1]
- In 2005, 25 percent of Arizona Adult Tobacco Survey respondents reported having asked a stranger not to smoke around them in the past twelve months. [1]
- Among Arizona adults, 63 percent believe breathing secondhand smoke is very harmful, as do 70 percent of Arizona's youth. [4,1]

Where We Are Now

- In November 2006, Arizona voters approved the Smoke-Free Arizona Act, which took affect May 1, 2007. This act bans smoking in all indoor public buildings with the exception of retail tobacco stores, veteran and fraternal clubs, designated smoking hotel rooms, and outdoor patios. The Arizona Department of Health Services, Office of Environmental Health is responsible for monitoring compliance with the law.
- There is substantial ongoing support among community agencies and the general public to support and advocate for stronger public policy and enforcement that further reduces exposure to secondhand smoke.
- ADHS-BTEP local and statewide contractors provide information and technical assistance to worksites in creating and maintaining smoke-free policies. They also

provide information on the benefits of developing and maintaining in-home rules about smoking.

Moving Forward

The following objectives have been established to reduce exposure to secondhand smoke:

Objective 1: Ensure the enforcement of the Smoke Free Arizona Act, approved by Arizona voters in November 2006.

Objective 2: Work with tribal leaders to encourage adoption of laws similar to the mandates of the Smoke Free Arizona Act to tribal lands located within Arizona.

Objective 3: Eliminate involuntary exposure to secondhand smoke in multi-unit dwellings such as apartments, college residences and public housing and in cars with passengers under the age of 18.

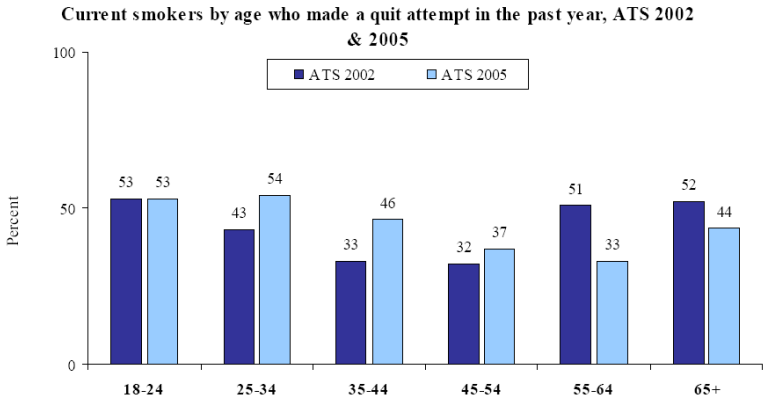
Objective 4: Partner with the Arizona Department of Health Services, Division of Behavioral Health to establish smoke free behavioral health treatment facilities.

Objective 5: Increase public support for voluntary smoke free environments beyond the scope of the law.

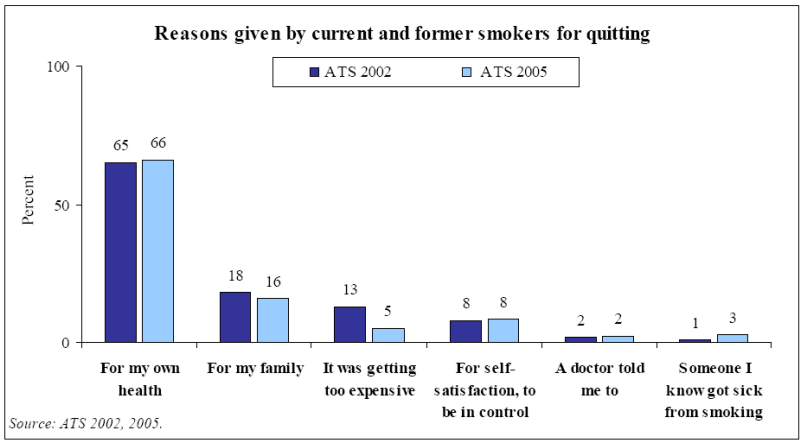
Goal #3: Promote Smoking Cessation among Youth and Adults and Help Smokers Quit

The Facts

- The tobacco control community recognizes that nicotine dependence is a chronic, relapsing disease. The addictive nature of nicotine serves to complicate successful quit attempts. The State of Arizona provides multiple vantage points from which to assist an individual's success in quitting tobacco.
- Forty-six percent of current smokers indicated on the 2005 Arizona Adult Tobacco Survey report that they had tried to quit for 24 hours or longer at some point during the past year. This percentage is slightly higher than the 43 percent reported by smokers in 2002. [1]
- In 2005, 47 percent of female adult smokers reported having made at least one quit attempt in the past year. Male adult smokers showed a similar, though slightly lower rate of 45 percent. [1]



Among smokers attempting to quit, 66 percent cited "for my own health." The next most cited reason was "for my family" (16 percent). The pattern of responses is similar to what was reported by smokers when asked about their quit attempts in 2002, with some slight variations. Of particular interest is the percentage who indicated that "it was getting too expensive," which decreased from 13 percent in 2002 to five percent in 2005.



Where We Are Now

- To promote cessation among current tobacco users, ADHS-BTEP provides assistance through its telephone-based cessation service, the Arizona Smokers' Helpline (ASHLine). Individuals are partnered with a cessation coach to provide 1:1 support on their quit attempt.
- Individuals may also join one of many group cessation classes offered by BTEP local projects located in each county or by community-based projects based throughout the state.
- Healthcare providers may refer patients to service by utilizing the QuitFax program, a free proactive referral system coordinated by the ASHLine. Once a referral is received by an ASHLine representative, clients are called by ASHLine personnel and are offered the option to participate in a full range of the state's tobacco treatment services, including cessation programs offered by the ASHLine and/or cessation classes offered by a variety of ADHS-BTEP partners such as local county-based projects. Cessation information packets are also available.
- Nicotine replacement therapy medications are available to clients enrolled in an ADHS-BTEP cessation program. Clients must be Arizona residents, over the age of 18, and must not report any medical contraindications. Clients may receive a 6 week supply of the patch, gum, lozenge, or Bupropion (Zyban) (physician prescription required) at a 50 percent discounted rate or at no cost if they meet the established income eligibility criteria. A four week supply of Varenicline (Chantix) (physician prescription required) is available at the same rate of 50% of the retail price. This initiative was expanded in early 2008.
- ADHS-BTEP's developed an extensive, year-long media campaign titled "We Can Help" which promotes utilization of the ASHLine for individuals contemplating and/or ready to quit tobacco and the resources available statewide for those who want to quit tobacco.
- AZ Health Links promotes and helps employers establish smoke-free policies.
- Additionally, the HealthCare Partnership delivers training to healthcare providers to equip them with the skills necessary to deliver brief tobacco interventions to their patients.

Moving Forward

The following objectives have been established to promote smoking cessation among youth and adults and to help smokers quit:

Objective 1: Ensure that a variety of culturally competent, effective, evidence-based cessation treatment options are readily available and affordable for all Arizonans who use tobacco, including telephonic, individual and group counseling as well as the full range of FDA-approved tobacco cessation medications.

Objective 2: Offer tobacco use screenings and brief interventions as part of routine patient care in all healthcare settings.

Objective 3: Ensure that tobacco treatment is accessible to all Arizonans by compelling both public and private insurance plans to offer comprehensive coverage for such treatment.

Objective 4: Implement a media campaign to promote the availability of cessation services and/or resources, both to the general population and to demographic groups with disproportionately high rates of tobacco use.

Objective 5: Develop tobacco treatment programs that are tailored to disparate as well as high risk populations.

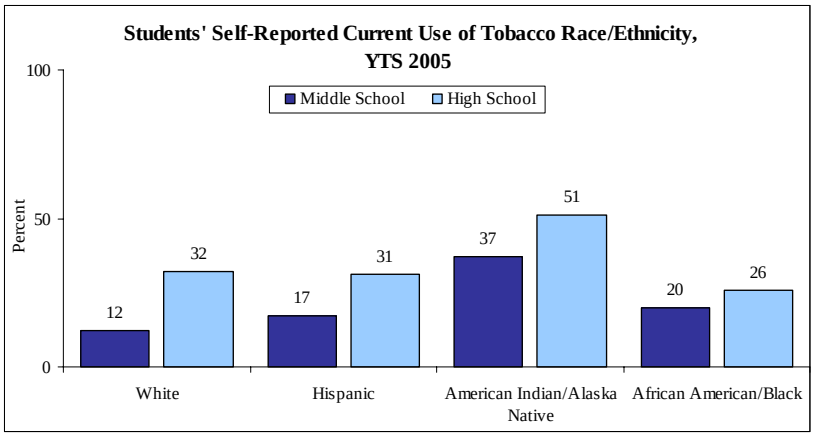
Objective 6: Establish a resource center to serve as a clearinghouse for tobacco treatment information, training and services available to consumers and providers throughout the state of Arizona.

Goal #4: Identify and Eliminate Tobacco Related Disparities in Specific Population Groups

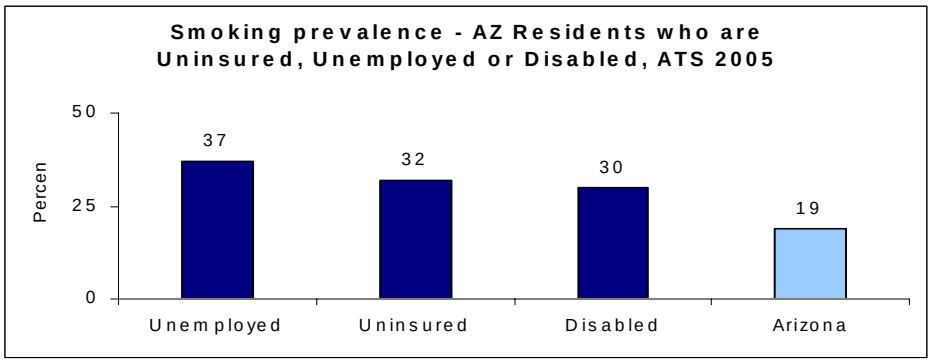
The Facts

- There are certain groups that exhibit disproportionately high morbidity and mortality rates associated with tobacco use. Factors including, but not limited to, an individual's age, race/ethnicity, educational attainment, income, and sexual orientation, greatly contribute to health disparities within a given population. Tobacco-related disparities are demonstrated by an increased prevalence of tobacco use, greater exposure to secondhand smoke, and limited access to educational information and prevention/cessation programming, among other considerations.

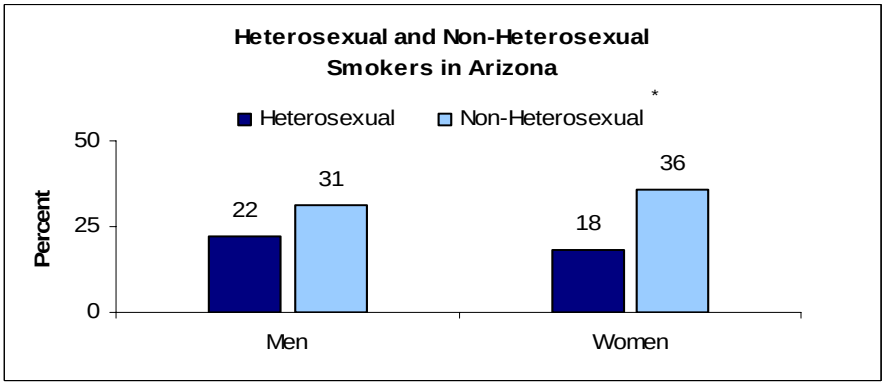
- Current tobacco use rates among Arizona's middle school students were lowest among Caucasian students (12 percent). Among high school students, African American students reported the lowest current tobacco use rates (26 percent). Hispanic (31 percent) and Caucasian (32 percent) high school students demonstrated similar rates. American Indian middle and high school students demonstrate the highest incidence of current tobacco use.



- ✓ Among the unemployed, uninsured, and disabled in Arizona, smoking prevalence is substantially higher than that of the general state population.



- ✓ Arizona residents who identify themselves as lesbian, gay, or trans-gendered (LGBT) report higher rates of smoking than do those who identify as heterosexual, especially among women. There is a substantial difference among non-heterosexual women.



Where We Are Now

- ✓ ADHS-BTEP offers a variety of services aimed at mitigating tobacco-related disparities, including cessation counseling, education and prevention services through a variety of community-based organizations established to serve specific populations, such as the LGBT community and individuals of low socio-economic status. ADHS-BTEP also works with nine tribal nations and three urban Indian centers which provide an array of services to Native American communities throughout the state. Most recently, ASHLine has coordinated with an ADHS-BTEP community project, Asian Pacific Community in Action (APCA) to provide cessation services to Vietnamese, Korean, and Chinese-speaking populations within Arizona.

- ✓ A unique government-to-government relationship exists between Indian Tribes and Federal and State Governments. The Bureau of Tobacco Education and Prevention (BTEP) recognizes the uniqueness of tribes and urban American Indian population. BTEP, in collaboration with tribes, urban American Indian

organizations, and the Inter Tribal Council of Arizona, Inc., supports local projects in tribal communities in planning and implementing tobacco education and prevention programs. These local projects play a key role in developing strategies that best fit their community's needs, while also linking together to implement statewide strategies. The following objectives are used as a guide by BTEP in working with Arizona tribes:

- ✓ support tribal communities in the preservation and protection of the ceremonial use of traditional tobacco;
- ✓ partner with tribal tobacco programs in developing and completing program assessments based on strengths and needs;
- ✓ support tribal tobacco programs in accomplishing their goals and objectives related to initiation, secondhand smoke, cessation, and disparities;
- ✓ assist tribes with program planning, outreach, and evaluation to address their unique tobacco-related needs;
- ✓ support and seek guidance in the development of culturally appropriate marketing tools for tribal communities;
- ✓ support advocacy efforts regarding tobacco related policies within tribal communities;
- ✓ promote and facilitate collaborations between local, county, tribal, and state programs; and
- ✓ coordinate within ADHS to ensure timely consultation with tribes regarding high level policy changes that may have a significant impact on Indian Tribes.

Moving Forward

The following objectives have been established to identify and eliminate tobacco related disparities in specific population groups, e.g. pregnant women; people who are members of racial/ethnic/cultural minorities; youth and young adults; people with low socio-economic status; people who are incarcerated; people who define themselves as lesbian-gay-bisexual-transgender; and people with disabilities.

Objective 1: Assess the capacity of communities to provide culturally relevant, evidence based services, including their ability to cultivate the resources necessary to offer such services.

Objective 2: Build state and local capacity for developing, implementing and evaluating targeted, culturally competent interventions to eliminate tobacco-related disparities.

Objective 3: Establish partnerships within the statewide tobacco control network that foster cultural competency, the provision of culturally relevant services and the elimination of tobacco-related disparities.

Objective 4: Ensure that services in all goal areas (prevention, cessation, secondhand smoke, chronic disease, communications, evaluation and surveillance, public policy) are offered in a manner that demonstrates the ongoing commitment to guaranteeing that no one group is disproportionately impacted by the harmful effects of tobacco use.

Goal #5: Assist in the Prevention and Early Detection of Four Leading Tobacco-Related Causes of Death in Arizona

The Facts

- In November 2002, Arizona voters approved Proposition 303, which increased the tax on cigarettes by 60 cents per pack and taxed other tobacco products. In addition to providing funding for programs that promote the prevention and reduction of tobacco use as well as a number of health related programs, the proposition set aside money for the prevention and early detection of the four leading disease related causes of death in Arizona.
- Currently, the four leading disease related causes of death in the state are identified as cancer, heart disease, stroke and pulmonary disease. According to the Centers for Disease Control and Prevention, 70 percent of all deaths in the United States can be attributed to these four chronic diseases.[12] Furthermore, in the United States, chronic diseases are consistently the most expensive yet preventable diseases, accounting for about 75 percent of the health care budget. [12]

Where We Are Now

- Currently, ADHS-BTEP provides administrative oversight for chronic disease programs funded with tobacco tax dollars. ADHS-BTEP partners with the ADHS Bureau of Chronic Disease Prevention and Control , which provides direct management of a number of programs, including programs to provide screening for breast cancer and colorectal cancer, public awareness campaigns, training to health care professions regarding chronic obstructive pulmonary disease (COPD) risk reduction as well as a telemedicine project aimed at assisting individuals in rural areas of the state who suffer from stroke-related conditions.

Moving Forward

The following objectives have been established to maximize the collaboration between ADHS BTEP and state, local, and community programs that use tobacco tax dollars to prevent and detect the four leading causes of tobacco-related causes of death in Arizona:

Objective 1: Ensure that all chronic disease programs funded with tobacco tax dollars are constructed and carried out in a manner that is consistent with the priorities established in *The Arizona Chronic Disease Plan: An Integrated Model for Promoting Healthy Communities*.

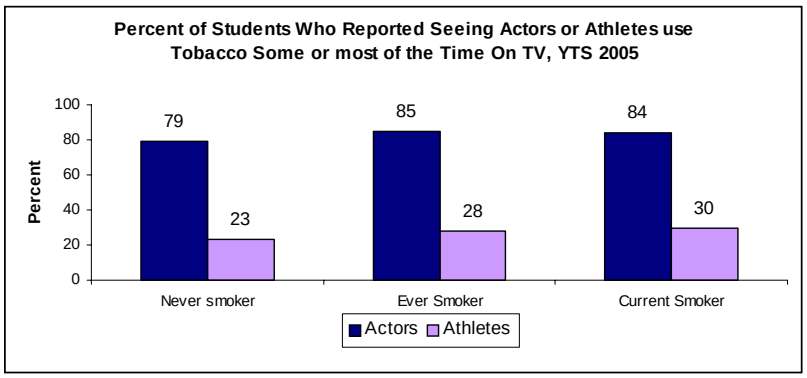
Objective 2: Ensure that all chronic disease programs funded with tobacco tax dollars achieve outcomes that assist in reducing the mortality and morbidity associated with the four leading causes of disease related death in Arizona.

Objective 3: Ensure that all chronic disease programs funded with tobacco tax dollars are administered in a culturally competent manner and work to eliminate health-related disparities.

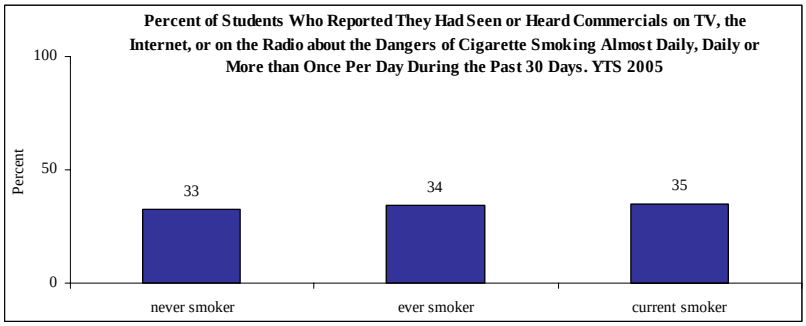
Goal #6: Develop and Implement a Comprehensive Tobacco Control Communications Plan

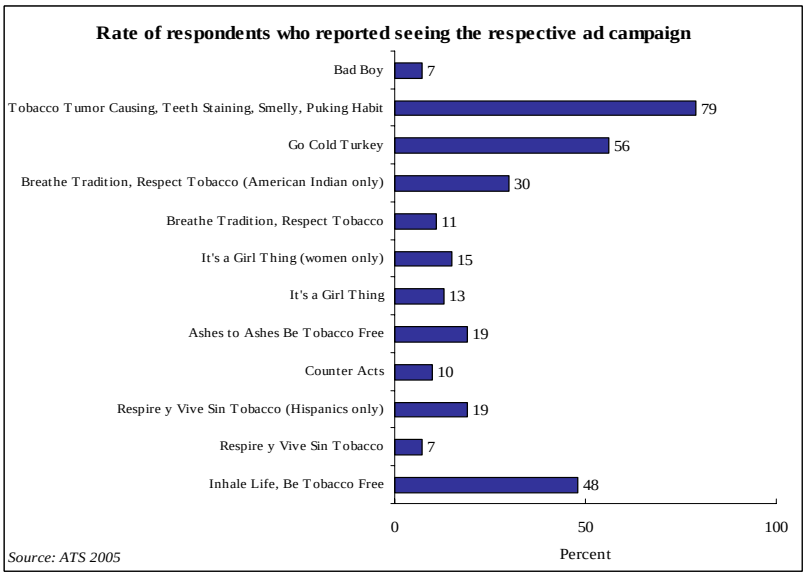
The Facts

- Tobacco counter-marketing is defined as the use of commercial marketing tactics to reduce the prevalence of tobacco use. Counter-marketing can play an important role in increasing cessation rates, reducing the likelihood that people will begin using tobacco, and lowering rates of involuntary exposure to secondhand tobacco smoke. Furthermore, specific counter-marketing messages can be tailored to reflect culturally appropriate content for populations that are regularly targeted by tobacco industry marketing efforts.
- The tobacco industry spends over $11 billion annually on marketing efforts in the U.S. In fiscal year 2008, ADHS-BTEP will spend approximately $6.5 million on tobacco counter-marketing. Arizona's counter-marketing efforts have ranged from between $6-14 million per year over the past several years.
- The tobacco industry is prohibited from advertising on radio, television, and billboards. As a result, marketing efforts have focused largely on magazine and print advertising, including Internet websites and online advertising as well as direct-to-consumer mailings, in-store promotions and signage. Tobacco marketing has also expanded its reach to include sponsorship opportunities for concerts, college sporting events and social programs, fraternities and sororities, nightclub events, and other venues that attract young people.
- The vast majority of middle school and high school students (79 percent and 83 percent respectively) responding to the 2005 Arizona Youth Tobacco Survey reported having frequently seen actors use tobacco some or most of the time. Substantially fewer middle school and high school students (27 percent and 23 percent respectively) reported frequently seeing athletes use tobacco[4]



- According to the 2005 survey, approximately 33 percent of middle school students and 34 percent of high school students reported seeing or hearing tobacco education commercials almost daily or more frequently during the past 30 days. Many middle school and high school students (35 percent and 26 percent respectively) reported that they had not seen or heard any ads during the past 30 days.





Where We Are Now

- ADHS BTEP has produced several counter-marketing campaigns over the past calendar year including:
  -*Secondhand Smoke Awareness*: A campaign utilizing existing creative products from the state of California ("Imagine a World without Secondhand Smoke") aired on television, radio, and theaters, as well as some print publications.

  -*Prevention*: A campaign utilizing advertisements based on the "Tobacco Use is a Personal Foul" message taken from the content of the Phoenix Suns Gorilla Assemblies program began airing in September, 2006. It is scheduled to continue to air on television through May of 2008. Print advertisements to support the campaign in the Bear Essentials News for Kids will run statewide through May of

2008. The Gorilla Assemblies (live programs presented at Title I schools statewide) will run through May of 2008.

-*Cessation*: The "We Can Help" campaign utilizing advertisements with "real" people (paid actors) that talk about their quitting experience, empathize with the smoker, and offer the ASHLine as a call to action to receive help in quitting tobacco began airing on television, radio and in theater in Dec. of 2006. The ads will remain on television and in theaters and radio through Jan. 8, 2008. The remainder of ads will continue to air statewide in theaters and on radio.

-*Surveillance*: The Office of the Attorney General – Tobacco Enforcement Unit: Counter-marketing efforts have also supported the Attorney General's "Counterstrike" program which advertises to recruit teens into the sting operation program and which also supports the quarterly newspaper publication of businesses found to be non-compliant with the Arizona Statute prohibiting the sale of tobacco to minors.

-*Through With Chew*: To promote anti-chew messages ADHS BTEP participates in the nationally recognized "Through with Chew" week in Feb. each year and also does promotions with spokespersons from the Arizona Diamondbacks and the Phoenix Coyotes to promote anti-chew messages.

-*School Bus Advertisements*: ADHS BTEP is required by statute to place banner advertising on the exterior of school busses statewide in the amount of $550,000 annually.

Moving Forward

The following objectives have been established to develop and implement a comprehensive tobacco control communications plan:

Objective 1: Conduct audience and market research in order to identify messaging content and techniques that are effective in communicating with Arizona tobacco users at the local and state levels.

Objective 2: Use paid and earned media (television, radio, print, internet and other media vehicles) to promote tobacco free lifestyles and to publicize tobacco control programs, including available cessation services and/or resources.

Objective 3: Use available and innovative technologies, such as text messaging, online networking environments, etc. to deliver messaging to target audiences.

Objective 4: Develop tailored messages for populations that are hard to reach and that have disproportionately high rates of tobacco use and/or exposure to secondhand smoke.

Objective 5: Collaborate with stakeholders at the local, state, and national levels to create an effective statewide communications network.

Goal #7: Conduct Surveillance and Evaluation

The Facts

- Surveillance and evaluation are critical components of a comprehensive tobacco control plan, in that they allow for the assessment of programmatic activities as well as tobacco-related behaviors, attitudes and health outcomes, which can assist in measuring overall success in meeting primary program goals.

- The following surveillance information is available:

  Behavioral Risk Factor Surveillance System (BRFSS). A continuous, random-digit-dial telephone survey of adults over 18 years of age. The BRFSS is conducted in all states as a collaboration between the CDC and state health departments. The BRFSS collects data annually in order to measure numerous health characteristics and risk factors.[9]

  Arizona Adult Tobacco Survey (ATS). A phone-based survey examines adult tobacco use in Arizona, as well as Arizona residents' beliefs and attitudes towards the hazards of smoking and policies targeting tobacco use. This survey has captured four years (1996, 1999, 2002, and 2005) of data and is conducted every three years. [1]

  Arizona Youth Tobacco Survey (YTS). An instrument designed to collect data every two years in grades 6th through 12th (2000, 2003, 2005, 2007). The YTS collects youth data on topics such as tobacco use; tobacco-related knowledge, attitudes and beliefs; access to tobacco products; exposure to environmental tobacco smoke; initiation and cessation; influence of family, friends and the media; and, social, school and community interventions. [4]

  Arizona Youth Survey. A survey is conducted every two years by the Arizona Criminal Justice Commission, and is fielded in grades 8, 10, and 12. This survey measures county-specific data and examines those factors which contribute to specific adolescent behaviors, including substance use and anti-social behaviors.[10]

  Youth Risk Behavior Survey (YRBS). A survey administered by the Arizona Department of Education in odd-numbered years (2003, 2005, 2007) in grades 9th through 12th to measure risky behaviors which can lead to higher incidence of premature morbidity and mortality of high school students. YRBS collects data specifically relating to tobacco use as well as other risk behaviors, and the results are held in public domain.[11]

Where We Are Now

- ADHS-BTEP funds a specific section that monitors tobacco-related behaviors, attitudes, and health outcomes consistently. This unit evaluates the programs run by the partners of ADHS-BTEP, as well as analyzing any data produced by state surveillance instruments. The prevalence of tobacco use among Arizona youth

and adults, exposure to secondhand smoke and tobacco use among disparate populations are carefully studied.

Moving Forward

The following objectives have been established to conduct surveillance and evaluation:

Objective 1: Conduct quantitative and qualitative research that measure the attitudes, knowledge and behavior of adults and youth in Arizona pertaining to tobacco.

Objective 2: Evaluate all proposed tobacco-related programs to ensure that they are grounded in evidence based practice.

Objective 3: Research and evaluate the effectiveness of tobacco-related programs and activities in Arizona across all populations and regions.

Objective 4: Offer opportunities and provide technical assistance for stakeholders, partners and interested parties to obtain the tools, skills and resources needed to effectively evaluate their programs, including information about best practices in the field of tobacco control.

Objective 5: Assure the surveillance date is available to all stakeholders and populations.

Objective 6: Foster partnerships between programs and researchers to assist in identifying gaps in data collection and new technologies; in conducting innovative, practice-based research; and, in effectively disseminating research and evaluation results to the public.

Objective 7: Describe the impact of tobacco use on local Arizona communities and population subgroups, including cultural and linguistic minorities, low socioeconomic status groups, the Medicaid population, the unemployed, people with disabilities, and those with co-morbid conditions.

Goal #8: Develop and Promote Public Policies that Reduce the Impact of Commercial Tobacco Use

The Facts

- Policy change is often the most effective means of reducing tobacco consumption. Taxation, in particular, can have a dramatic impact on consumption rates. Since 1994, Arizona voters have approved four initiatives taxing tobacco products. In 1994, the Tobacco Tax and Health Care Fund was established by voters, imposing a 58 cent tax on tobacco products. In 2002, voters established the Tobacco Products Tax Fund, approving an additional 60 cent tax. In 2006, a two-cent tax was approved to provide funding for enforcement activities related to the Smoke

Free Arizona Act and an 80 cent tax was approved to support the establishment and administration of the Arizona Early Childhood Development and Health Board.

- Additionally, Arizona is home to a strong community of advocates who have fought for clean air ordinances in many of Arizona's towns and cities. Most recently, in 2006, they were successful in working with Arizona voters to pass Proposition 201, the Smoke Free Arizona Act, which prohibits smoking in most indoor places throughout the state, including restaurants, bars, common areas in public and private buildings, indoor sports arenas, health care facilities and common areas in hotels and motels.

Where We Are Now

- While Arizona has been a national leader in advancing policy change in the area of tobacco control, much remains to be done. In recent months, ADHS-BTEP has increased its efforts to work collaboratively with non-governmental organizations such as the American Lung Association, American Cancer Society, American Heart Association, and a wide range of community groups and coalitions that are invested in a smoke-free Arizona.
- Future efforts must include policies aimed expanding the reach of efforts around smoke-free environments, including eliminating involuntary exposure to secondhand smoke in multi-unit dwellings such as apartments, college residences and public housing as well as in cars with passengers under the age of 18. Furthermore, policies focused on the licensure of retail outlets that sell tobacco products and at obtaining Medicaid coverage for cessation treatment, including tobacco cessation medications, must be a priority for advocates, professionals and policy makers.

Moving Forward

Objective 1: Work with community partners to advance policies that further reduce the harmful impact of commercial tobacco.

Objective 2: Inform and educate policy makers and employers at the community, local, and state levels on the health and economic effects of commercial tobacco as well as policy changes that could assist in mitigating the impact that commercial tobacco has on the lives of Arizonans.

Special Acknowledgements

As mentioned in the Forward, the development and implementation of the **Strategic Plan for A Tobacco-Free Arizona** has benefited from the time, talent, and commitment of countless people across Arizona and the U.S. It is important, however, to identify the members of three groups who spearheaded the overall planning process and ensured that participation was inclusive, research was thorough, and deliberations and decision-making were both visionary and practical.

Tobacco Revenue Use, Spend & Tracking (TRUST) Commission

Bill Pfeifer- Chair, American Lung Association
Linda Bailey – North American Quitline Consortium
Wil Counts – Gateway Community College
Benton Davis – United Healthcare
Nancy Hook – Hook & Associates, LLC
Kelly Hsu – Asian Pacific Community in Action
Scott Leischow – Arizona Cancer Center
Matthew Madonna – Past Chairman of the TRUST Commission
Violet Mitchell-Enos – Salt River Pima-Maricopa Indian Community
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Verna Johnson – ADHS Bureau of Tobacco Education & Prevention
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Scott Leischow – American Cancer Center
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Anne Payne – Marketing Coordinator
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Robbi Traver – Marketing Event Planner
Belen Silva – Administrative Secretary

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